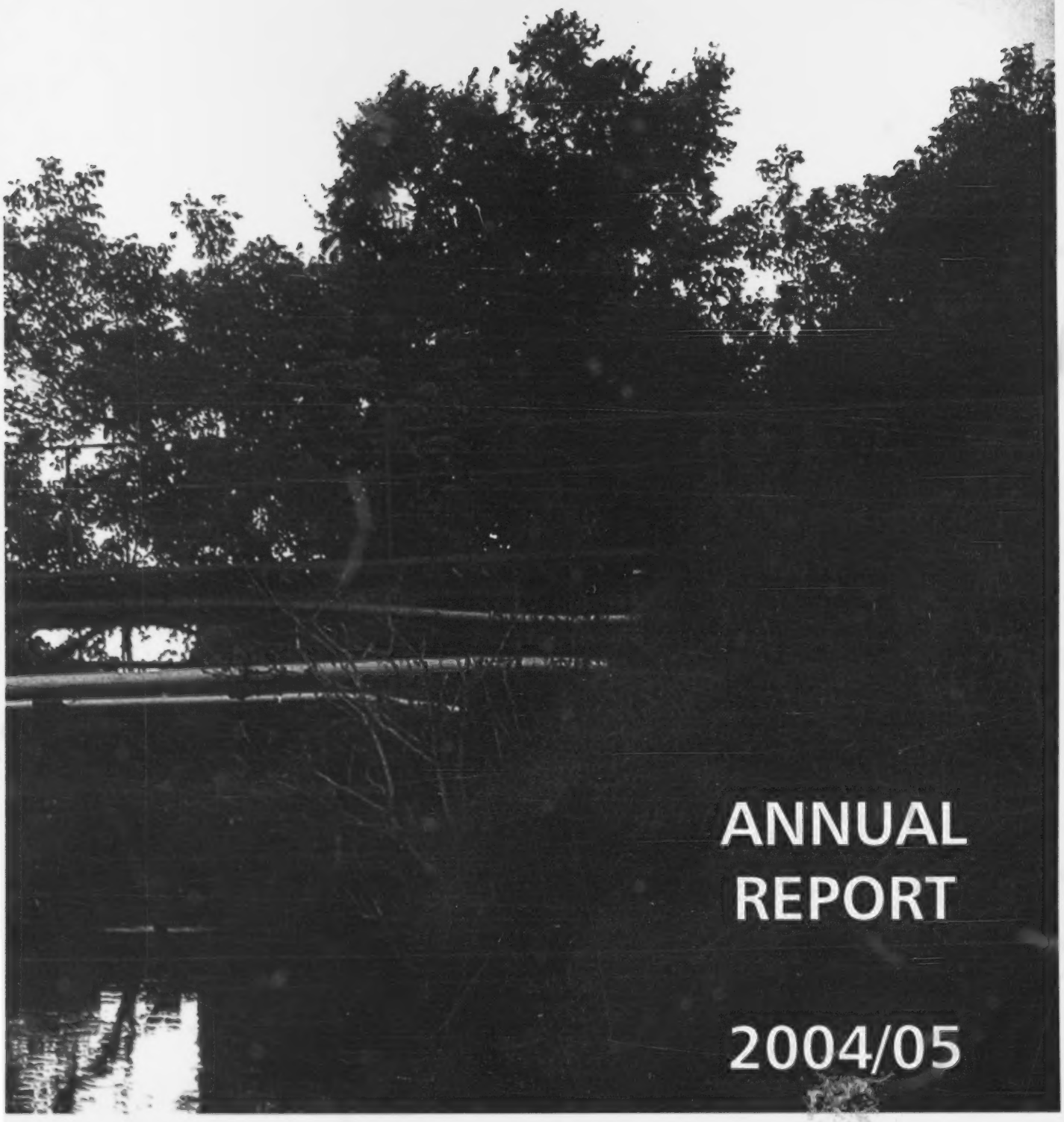
South Eastman Health/Santé Sud-Est Inc.



ANNUAL REPORT

2004/05

Vision

Partnering with community to optimize health

Mission

To ensure the best health for the people of the South Eastman region through consultation, evidence-based decisions and innovation

Values

Integrity	Respect	Proactivity
Responsiveness	Accountability	Excellence

Strategic Priorities/Themes

Four strategic priorities/themes supporting this broader vision and mission, as well as our values, reflect the desired outcomes for the RHA. They are:

1. Quality basic services
2. Population/Service priorities
3. Services closer to home
4. Health, not only health care

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Message From The Chair

Honourable Tim Sale
Minister of Health

Minister Sale,

I am pleased to present the annual report of South Eastman Health/Santé Sud-Est Inc. for the fiscal year ended March 31, 2005.

This annual report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material, economic and fiscal implications known as of September 30, 2005 have been considered in preparing the annual report. The content of this report has been officially approved by the Board.

This report highlights the numerous accomplishments of our organization and its people, demonstrating our shared commitment to "ensuring the best health for the people of the South Eastman region", as articulated in our mission statement. This past year was truly a success with the RHA receiving accreditation status for the third time since it inception. The RHA has bridged gaps in levels and quality of service since its first accreditation process and will address the CCHSA's recommendations for improvements in the coming years.

Early in 2005, Mr. Reg Toews informed the Board of his intention to retire as CEO in June 2005. The RHA and its Board recognize the collaborative and transparent approach with which the CEO has worked. I would like to express my appreciation to Mr. Toews for his tireless commitment to health care as CEO of the RHA since its inception in 1997. The Board has selected its new CEO, Monique Vielfaure Mackenzie, who was Vice President Planning and Corporate Services for the past five years. Her years of experience and knowledge of the region will ensure continuity.

Looking to the future, one major area of focus lies in the implementation of a five year Strategic Plan that will frame health planning and decision making in the region from 2006 to 2011. Evidence from the Community Health Assessment and consultation with stakeholders and residents will serve as the foundation for the development of this resource.

In the years ahead, the RHA will continue to focus its efforts on those who matter most, the residents of the South Eastman region. I would like to thank our partners in government and communities, members of the Board, District Health Advisory Councils and Provider Advisory Committee, and in particular, our dedicated staff, for their tireless efforts and contributing to the Regional Health Authority's ability to deliver quality and competent care in a compassionate and dignified manner.

Aurèle Boisvert
Board Chair

Regional Profile

South Eastman Health/Santé Sud-Est Inc. is a rapidly growing bilingual rural Regional Health Authority (RHA) with a relatively young population. The region covers an area of approximately 10,000 square kilometres, encompassing 13 municipalities, one small First Nations community, and unorganized territory.

South Eastman Health/Santé Sud-Est Inc. owns and operates the region's four hospitals, located in St. Pierre-Jolys, Ste. Anne, Steinbach, and Vita. In total, the region has 104 acute care beds and 20 extended treatment beds. South Eastman has two primary health care centres, located in Sprague and Niverville.

There are seven personal care homes in South Eastman, accommodating 334 residents. Three facilities are associated with regional hospitals in St. Pierre-Jolys, Steinbach, and Vita. Three additional facilities, in Ste. Anne, Steinbach, and Grunthal, are operating under service purchase agreements. An additional personal care home in St. Adolphe is privately operated.

Environmental Scan

Population Profile

South Eastman's population numbered 58,618 in 2004, representing approximately 5% of the Manitoba population and 11% of the rural Manitoba population.

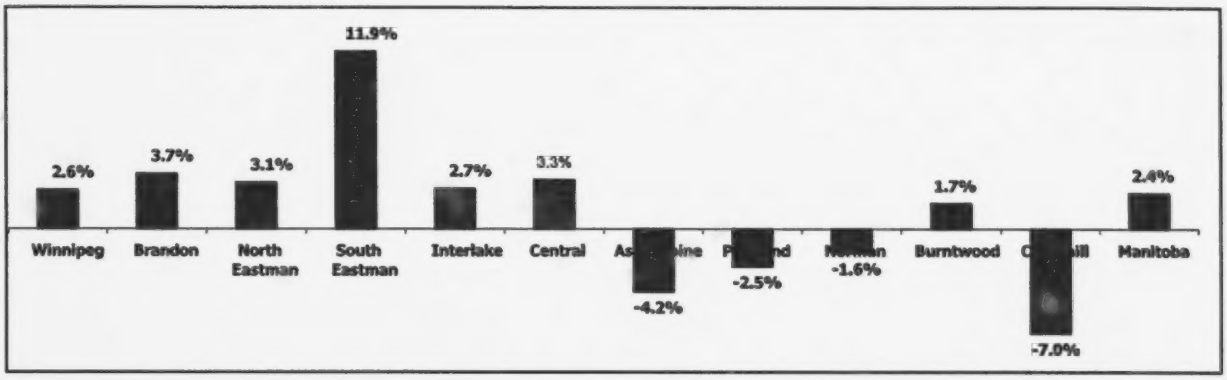
In South Eastman, residents reporting single French or German origins are represented at 2-3 times the provincial rate. 14% of South Eastman residents use the French language at home, compared to only 4% in Manitoba overall. In the Western and Northern districts, 31% and 22% of residents respectively, use French at home. In the Central District, approximately one quarter of residents speak German at home, while in the Southern District, Ukrainian is commonly spoken.

Overall, the South Eastman population is somewhat younger than the general Manitoba population, with a greater percentage of children under age 15 (24% vs. 20%) and a smaller percentage of seniors age 65+ (11% vs. 14%). In the Central District, 70% of the new immigrants are under the age of 20 years.

Population Growth

Health service needs in South Eastman have increased markedly over recent years, driven by population growth – across all age groups – at levels not seen elsewhere in Manitoba. This has placed pressures on all regional health services, across the whole spectrum of prevention, treatment, and support.

Population Change 1998 - 2004 **Manitoba Regional Health Authorities**



Between 1998–2004, the South Eastman population increased 11.9%, greatly outstripping growth in all other regions of the province. The region's 2% annual growth rate equalled Manitoba's rate of growth over the entire period. Increases well above Manitoba averages have occurred across all population age groups and across all districts. However, more than 70% of South Eastman's population increase has been absorbed by the Central District, which has seen extraordinary growth: 21.7%, or 3.6% per year. Central District's share of the regional population has risen nearly 5%, to 43%.

There is evidence of steady volume increases region-wide – including hospitals and emergency rooms, laboratory and diagnostic services, primary care and physicians, EMS, home care and personal care homes, surgery, cancer care, mental health, public health, and obstetrics/midwifery. Service increases have been most noticeable in the Central District, where population growth has been most dramatic.

Without increased overall funding, the RHA is unable to meet current demands for health care services while, at the same time, planning to ensure sufficient resources and capacity to meet rising and changing needs.

Population Aging

In South Eastman, the senior population is increasing much more rapidly than in the rest of Manitoba. Consequently, pressures on facility- and community-based senior health services are steadily rising.

Between 1998–2004, the South Eastman population age 65+ rose 8.2% (compared to 1.6% across Manitoba), with vulnerable seniors age 75 and over increasing 13.1%, a rate nearly double the provincial average.

Rapid growth of the senior population is challenging the availability of illness care services - specifically primary health care, home care, and personal care homes. The growing senior population also needs enhanced primary health care and support services to help older residents remain healthy and independent in the community for as long as possible. In addition, as the population increases and ages and numbers of people with cancer and other life-limiting illnesses rise, needs and expectations for access to quality, flexible, and individualized cancer care and palliative care services are escalating.

Board Governance

South Eastman Health/Santé Sud-Est Inc. operates under the direction of a Board of Directors, which is accountable to the Minister of Health. The Board is responsible for setting the policy and direction of the Regional Health Authority. The Board of South Eastman Health/Santé Sud-Est Inc. makes decisions and plans its service offer in accordance with its Ends Statements, which are reviewed on a yearly basis by the Board of Directors.

Members of the Board of Directors

Aurèle Boisvert, Chair, Ste. Anne
Albert Beal, Vice-Chair, Lorette
Bob Cesmystruk, Secretary-Treasurer, Vita
Henri Bisson, La Broquerie
Patricia Danylchuk, Lorette
Don Dupuis, St. Adolphe
Cornie Goertzen, Steinbach
Mona Jodoin, Ile-des-Chênes
Norman Klippenstein, Niverville
Bryan Nichols, Dominion City
Beverly Schmidtke, Steinbach
Chris Summerville, Steinbach

Board Committees

Four committees focused on developing policies and initiatives in various areas. These committees contributed to the Board's efficiency and effectiveness in the implementation of the health plan, allocation of funds and compliance to provincial legislation. They are as follows: Executive/Governance, Audit & Finance, Policy Development & Review, Community Relations.

Board Self-Assessment and Monitoring: The Board conducts an annual self-assessment to evaluate its performance and to identify its education requirements. Monthly board meetings were held and also served as a continuous improvement process. The Board, in conjunction with the Chief Executive Officer (CEO), regularly reviewed reports to monitor the performance of the RHA. Reports included, among others: operational plan updates, balanced scorecards, continuous improvement/risk management reports, review of client concerns, senior management reports, performance deliverables, and Chief Executive Officer evaluation.

Board Education and Orientation: All new Board members participated in a comprehensive orientation process. This included a complete overview of the organization, its facilities and its programs, as well as a review of relevant policies and governance process. The Board also established a regular education schedule to keep current on relevant health matters.

Board focus on the future

- 2004/05 was an important year in the release of findings of the RHA's Community Health Assessment, which includes evidence-based data from various population groups. This report serves as a key resource for the development of future plans, including the Strategic Plan 2006-2011. More information on the Community Health Assessment is referenced in the *Health, Not Only Health Care* section of this annual report.

- Developing and implementing a new Five Year Strategic Plan based on findings of the 2003-2004 Community Health Assessment and consultation with RHA employees and residents. In this Plan, the RHA sets out the strategic priorities which will frame health planning and decision-making in South Eastman over the period 2006/07–2010/11. The twelve Strategic Priorities for the next five years include:

  1. Population Growth
  2. Acute Care
  3. Long Term Care
  4. Primary Health Care
  5. Palliative Care
  6. Mental Health
  7. Population Health
  8. Health Promotion & Illness Prevention/Education
  9. Research
  10. Quality
  11. Patient Safety
  12. Human Resources

- Partnering with the community to enhance health services in the region.

- Working with Manitoba Health in the development of a funding model to address the unique health needs of a rapidly growing population in South Eastman.

- Submitting the 2006/2007 Health Plan to Manitoba Health as Year 1 of the Strategic Plan in early June. Highlights of the plan will include:

  Capital Projects:
  Ste. Anne Hospital Phase II
  Bethesda ER/SCU/OU
  Bethesda Surgical Suite/Surgical Unit
  Ste. Anne Hospital Phase III
  East Borderland Phase III
  Replacement of St. Adolphe PCH

  New Initiatives: (top 6 priorities)
  Clinical Psychologist
  Crisis Stabilization Unit
  Infection Control Program Coordinator
  Francophone Health Corner
  Staff Development Program/Coordinator
  Population Health - Community Literacy

  The Health Plan is shared with all stakeholders, including the Quality Teams who relate their actions and opportunities for improvement to the strategic and annual health plans, and provide information regarding the preparation of the quarterly balanced scorecards.

Advisory Structure

Two advisory groups provide advice to the Board on health matters: the District Health Advisory Councils (DHAC) and the Provider Advisory Committee (PAC). For health planning purposes, the region is divided into four districts: Western, Northern, Central, and Southern.

There are four DHACs, one for each of the health planning districts. DHAC members provide advice to the Board on appropriate health-related policies and services for their district. As well, DHAC members help the Board communicate its policies and activities to their communities. The four DHACs were established in 1997.

The PAC facilitates communication between the RHA Board and care providers. The PAC advocates for good health for all members of the community. It identifies local needs and makes the RHA Board aware of care provider opinions important to decision-making and planning. The PAC was also established in 1997.

Organizational Structure

Program managers are responsible for major regional programs including: public health, primary health care, mental health, home care, emergency medical services, palliative care, and diagnostic services. Facility managers are responsible for acute care and long term care services in our four hospitals and three personal care homes. The RHA also has service purchase agreements with three contract sites and one proprietary personal care home, which provide long term care services.

Corporate functions (human resources, information technology, finance, communications, planning, quality & risk) are centralized for efficient and effective use of resources. The CEO is responsible for operational activities of the RHA and reports to the Board of Directors.

ACCOMPLISHMENTS

QUALITY BASIC SERVICES

South Eastman Health/Santé Sud-Est Inc. is committed to improving accessibility to basic/primary services in all of its four districts, and subsequently ensuring they are provided in the best possible way. Select secondary services are also provided to our residents.

Programs, Services and Facilities

DIAGNOSTICS

- Trained a new technician for phlebotomies at DeSalaberry District Health Centre. In addition, all licensed practical nurses are in the process of being trained in doing phlebotomies. This will reduce the workload for registered nurses and shift the workload where it is needed.

- Implemented a Regional Quality Control program for glucose monitoring in hospitals. This program provides assurance that all the glucose meters in the Region are working properly, and that staff are capable of producing quality results.

- Installed a Computer workstation at Victoria Hospital with electronic access to the Bethesda Picture Archival Communications System. This allows the Radiologists to access and dictate Bethesda X-Ray, Ultrasound, and CT Images from Victoria Hospital. This also improves patient care by giving the radiologists the ability to view and dictate reports on Radiology Images acquired at Bethesda Hospital for emergency consultations after regular hours or on week ends, thereby giving the physicians guidance in the management of their patients.

EMERGENCY MEDICAL SERVICES

- Implemented a new staffing model involving the creation of an additional twelve full or part-time EMS positions throughout the region. This will enable RHA employees to provide a much more consistent standard of client care. It will also result in sustainability in terms of staff retention and recruitment.

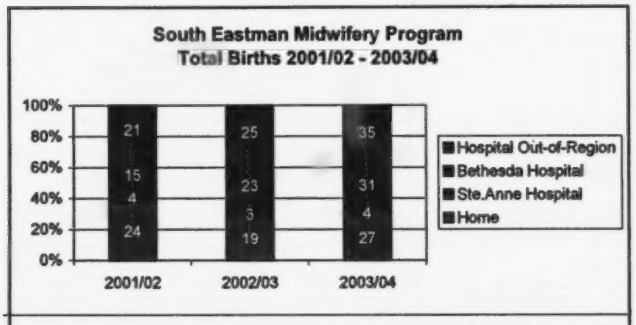
- Implemented an ongoing competency review initiative that evaluates EMS employees' skill sets on an unscheduled basis and provides a forum for detailed feedback. Data from the scenarios is entered into a regional database and is used to identify individual, or system weaknesses and strengths, and guide future training and staff follow-up. This review will continue to occur on an annual basis.

PUBLIC HEALTH/PRIMARY HEALTH CARE

- Conducted an external review of the Audiology program to address the long wait list and to make recommendations for maximizing efficiency. Some changes have been implemented and a follow-up will occur in October 2005.

- Created a full-time Public Health/Primary Health Care Program Supervisor to provide additional support to staff, specifically the two Primary Health Care Centers in the region. This will ensure consistency of service provision. The Supervisor will also provide ongoing support to the Program Manager with general program development and evaluation.

- Received funding approval for the hiring of a fourth midwife for the region to help address the increasing demand for midwifery services, ensure continuity of care, and improve access to services within our region.



Since the midwifery program's inception, the proportion of perinatal and obstetric services has steadily increased. The number of deliveries managed by South Eastman's midwives increased 53%, from 64 to 98 between 2001/02 and 2003/04, with a 40% increase in 2003/04 alone.

- Filled two positions to provide services to the German Immigrant Community: created a new 0.5 EFT Outreach Worker position and filled a 0.4 EFT Public Health Nurse position. We anticipate the staffing component will provide comprehensive coverage and service provision for new immigrants throughout the region. Both employees are fluent in both high and low German and have made important links with existing community resources.

PALLIATIVE CARE

- Created a Medical Director of Palliative Care Services position, on contract, who provides services to RHA clients one day a week. This physician works closely with the Palliative Care Program Specialist in a consultative role and provides medical leadership.

- Hired a 0.5 EFT bilingual Palliative Care – Home Care Nurse for a one year term as a pilot project. This will allow us to increase our on-call coverage for palliative clients in the community on evenings and weekends, preventing some hospital admissions and allowing clients to experience end of life in their homes.

- Provided training to 18 volunteers of the Palliative Care program, with 7 individuals joining the regional volunteer team. The RHA plans to continue providing such training on an annual basis to increase the number of individuals providing support in the delivery of palliative care services to our clients.

QUALITY IMPROVEMENT AND RISK MANAGEMENT

- Completed the Balanced Scorecard for Health System Performance Measurement for the first year, in which the RHA looks at four main quality dimensions to measure the RHA's degree of success with respect to: System Competency, Responsiveness, Work Life, and Client/ Community Focus. This process will continue to occur, providing the RHA with valuable information to improve its operation, programs and services.

- Worked diligently to prepare for the completion of the third regional accreditation survey in March 2005, which led to the RHA being awarded Accreditation Status. The Quality Improvement Teams will continue to develop annual action plans to address opportunities for improvement in their respective programs.

- Completed a first year of reporting on all occurrences utilizing the Risk Management Database program to assist in preparing reports and analyzing trends.

HUMAN RESOURCES

- Established the Human Resource Advisory Committee to support the Human Resources Team in identifying priorities. The Human Resources Strategic Plan outlines the following priorities: Human Resources Planning, Labour Relations, Occupational Safety and Health, Culture/Language and Professional Development and Training. Human Resources is committed to building a comprehensive

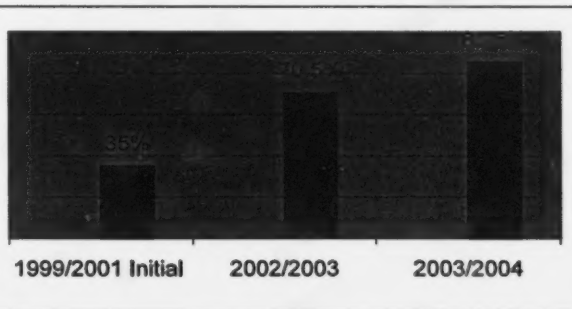
human management approach to meet the long-term needs of South Eastman Health/Santé Sud-Est Inc. The 3 year action plan included in the Strategic Plan will be reviewed and prioritized by the Human Resources Team for implementation.

- Migrated from contracted-out payroll system (Ceridian) to in-house system (Quadrant Human Resources). This transition implements a system that will allow the RHA to have a full range of readily accessible employee and financial information.

HOME CARE

- Completed a training program for 85% of Home Care Attendants, with one more session planned for the fall of 2005. It is anticipated that this will result in greater retention of employees. We will continue to make in-house health care aide training available, which also enhances the quality of care to clients.

Percentage of Trained Home Care Attendants



The increased training has resulted in reduced supervisory time, improved skill set and confidence, increased work satisfaction, increased quality of care and safety for clients and workers, and anticipated reduction in worker injury.

ACUTE CARE

- Implemented the Interim Bed Placement Policy at the regional level, with the aim of freeing up acute care beds for those who need them and also placing long term care clients in long term care facilities.

- Provided registered nurses with training to become certified in ACLS, NRP and Fetal Heart Monitoring. Provided education to all registered nurses at all four acute care facilities in cardiac care mapping which will enhance quality of care for cardiac patients.

FUTURE DIRECTIONS

- Continuing to work towards meeting our information technology needs in the Home Care Program. With the QHR system, soon to be implemented, it is important to provide as many Resource Coordinators as possible with computers to facilitate and improve our current manual scheduling system.

- Introducing epidurals for pain management during the labour and delivery process at Ste. Anne Hospital, beginning in September 2005.

- Reorganizing our nursing schedules to ensure we have one-on-one nursing for mothers who choose to have epidurals or during an induced birth, also meeting the required guidelines set out by the College of Physicians and Surgeons.

- Standardizing the staffing complement for licensed and professional staff at Vita & District Health Centre to ensure compliance with collective agreements.

- Improving communications with all personnel within the hospitals and the region by having one facility manager for each of our four acute care facilities.

- Following-up on recommendations from surveyors, as a result of the CCHSA accreditation process, and preparing a report regarding audiology and ultra sound waiting times in the region. This includes re-evaluating the Audiology program in the fall of 2005 to assess progress in maximizing efficiency of program.

Capital Projects

- Completed Phase I of renovations at Ste. Anne Hospital, providing upgrades to the patient ward, pharmacy and nursing station. The facility hosts a new private cardiac room, a designated palliative care room and an area to provide isolation for patients with communicable diseases. The final product is a new unit which is esthetically pleasing, more functional, organized and meets infection control guidelines.

- Consolidated laundry services at Bethesda Hospital for Ste. Anne Hospital, Villa Youville and Rest Haven personal care home contract sites, with the goal of creating efficiencies and reducing costs.

- Retrofitted the former Bethesda personal care home to accommodate office and meeting space for all the public health, primary health care, home care, mental health and audiology community health programs. This provides employees with a central work environment that will be conducive to enhanced communication, planning, as well as quality and efficient use of human and financial resources.

- Completed the Bethesda tunnel renovation project, providing a much improved underground link between the hospital and the community services building.

- Completed a full retrofitting of the infrastructure and equipment, as well as dining area, of the kitchen/cafeteria at Bethesda Hospital, providing staff and the public with 24-hour access to the cafeteria known as Prairie Winds.

FUTURE DIRECTIONS

- Completing the new labour, birth, recovery and post-partum units (LBRP) at Ste. Anne Hospital by the end of August, meeting the Manitoba Health Guidelines for birthing rooms. Mothers who give birth at Ste. Anne will be admitted to this unit, give birth and recuperate for the remainder of their stay. The new units will encourage family bonding in a home-like atmosphere and still provide the safety of a hospital setting. Mothers can choose to have a physician or a midwife assisted birth. The new LBRP units also have a Jacuzzi tub that can be utilized during the labour process to assist mothers with relaxation techniques.

- Submitting Phase II of the Ste. Anne Hospital construction project in the Health Plan 2005-2006. This will include renovations to the existing operating rooms, the addition of a dedicated recovery room, renovations to our lab and X-Ray area and a face lift to our treatment/emergency rooms. This will upgrade the facility to meet current standards and enhance care for patients.

POPULATION/SERVICE PRIORITIES

Ensuring the best health possible for the people of South Eastman is the essence of the RHA's mission. The Board has identified seven vulnerable population groups where planning and program resources need to be particularly invested. These include: seniors, children, residents with mental health problems, women, men, socio-economically disadvantaged residents, and residents of the Southern District.

SENIORS

- Held Bereavement Workshops for 6 evenings, providing clients with tools to cope with loss.

- Provided professional training in palliative care and policies to Rest Haven's personal care home nursing staff to focus more attention on this area for our residents.

- Established a new Adult Day Program at Villa Youville in Ste. Anne. The goals of the program are to provide planned and supervised recreation and socialization in a supportive environment to those individuals who are expected to deteriorate in physical and mental functioning without this intervention. It is also intended to provide social relief for primary caregivers to prevent family break-down that could lead to premature institutionalization.

- Identified ongoing needs of the Services to Seniors program and areas requiring new programming development – Community Resource Councils in Ritchot/Tache and Ste. Anne/La Broquerie, Congregate Meal Program at Woodhaven Manor, and expansion of the Tenant Resource Program at Fernwood Place to include Linden Place. The purpose of Community Resource Councils is to mobilize the community to support seniors as they age in place at home.

- Coordinated and conducted a regional satisfaction survey for Services to Seniors, Home Care and Palliative Care Services. The feedback will provide us with valuable information to identify service gaps and opportunities for improvement.

There is an overall high satisfaction with the Home Care staff, the highest satisfaction rate being with the Home Care Nurses. The Home Care Team will use this information for future planning.

CHILDREN

- Participated in a first francophone developmental/hearing/speech & language screening program for 3 & 4 year old children in partnership with the Fédération provinciale des comités de parents (FPCP). This initiative provides services in residents' language of choice and identifies children who may require additional developmental supports prior to school-entry. This partnership with FPCP is important in future planning for services to Francophone families within the region.

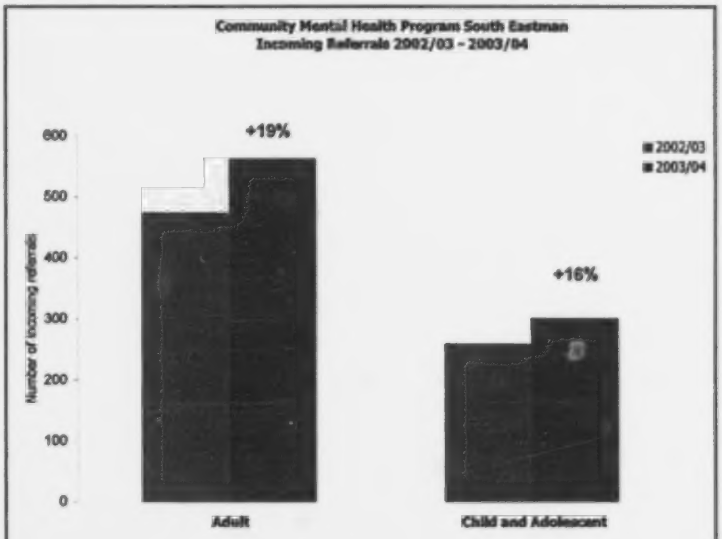
- Implemented French language *Super Start* programming in two new communities within the region - La Broquerie and St. Pierre-Jolys. Super Start provides information and support to pregnant women and families with infants up to one year of age. This addition will provide more women and families with access to information and support in their communities.

- Participated on the Hanover School Division Sensitive Issues Committee to review and plan for the implementation of the new Physical Education/Health Curriculum. The process also included consultation with school administration, teachers and parents. Public Health Nurses were invited to participate with Grade 5 & 7 teachers in the scheduled teacher education sessions. The objective of the Sensitive Issues Committee was to develop a means of consistent delivery of health related information to all students allowing them to make safe and informed lifestyle choices.

- The Regional Diabetes Advisory Committee supported the start up of breakfast programs in several regional schools. This Healthy Schools Initiative promotes partnerships and planning to support young students' health.

RESIDENTS WITH MENTAL HEALTH PROBLEMS

- Conducted a review of the Mental Health Program and a subsequent review of the Mobile Crisis Service, resulting in the co-location and realignment of crisis and intake services, designed to enhance communication and improve timely accessibility to the spectrum of mental health services.



The Community Mental Health Program is experiencing steadily increasing volumes across all program areas. From 2002/03 to 2003/04, incoming referrals rose 19% for adult services and 16% for child and adolescent services.

- Recruited a second part-time psychiatrist, to provide consultation for Child and Adolescent Services, as well as one part-time geriatrician to provide education and consultation for the Mental Health Services for the Elderly, resulting in enhanced services within the region.

- Trained 75% of community mental health staff in conjunction with Self-Help Organizations and Eden Health Care Services representatives regarding Co-occurring Disorders. As of April 2005, all new consumers of community mental health services will be part of a screening process to identify co-occurring disorders.

- In collaboration with self-help organizations and Eden East, presented the first annual "Expressions Evening- Recovery Through Art" at the Steinbach Cultural Arts Centre (held during mental illness awareness week - October). This initiative improves community awareness of mental health issues and is an opportunity for mental health consumers to display artistic talents.

- In collaboration with self-help organizations and Eden East, implemented the Mental Health Library/Resource Corner, making relevant, up-to-date information on mental health issues available to clients and families. The Resource Corner is located in the community at Eden East/Self Help office in Steinbach.

WOMEN

- The highly successful Healthy Women, Healthy Communities project, based on local research and designed to provide education, resources, and support to strengthen regional communities, facilitated the formation of two Community Women's Councils within South Eastman: one regional and one focused on the needs of Francophone women. Now functioning independently, the councils are engaged in strategic planning around community-wide issues including service accessibility, child care, poverty, and literacy.

MEN

- Compiled and interpreted data derived from community consultations conducted among South Eastman men regarding their health issues, barriers to health, and recommenda tions on ways for the RHA to work with communities to improve the health of men in the region.

SOCIO-ECONOMICALLY DISADVANTAGED RESIDENTS

- Extensive consultations with diverse South Eastman communities provided significant direction to the RHA Board on strategies to address the impacts of socioeconomic inequalities on health for incorporation in policy-making and planning. Socio-economic disadvantage will continue as a major future strategic and operational theme for the RHA.

RESIDENTS OF THE SOUTHERN DISTRICT

- Established Franklin Senior Services including a Community Resource Council and Congregate Meal Program located at Dominion City. This initiative will help to mobilize the community to support seniors as they age in place at home. Volunteers and fee for service providers provide a wide array of services including house/yard work, errands, transportation, electronic surveillance and foot care clinics. Nutritious, full course meals are prepared on site in a congregate setting under the direction of a meal coordinator who also mobilizes volunteer support for the program.

- Researched seniors housing options for the RM of Piney: facilitated community forums leading to the formation of a local non-profit housing corporation. The meetings provided an opportunity for exchange of information and a gauge of determining interest in a personal care home/elderly persons housing complex to be juxtaposed to the East Borderland Primary Health Care Centre. The complex would serve to address a continuum of needs from independent living with the option to receive assisted living supports, creating a therapeutic home-like living place that supports the physical, psychological and social needs of each resident.

FUTURE DIRECTIONS

- Continuing to partner with South Eastman Community Women's Councils and provide consultative support and direction.
- Continuing consultation and collaboration with community organizations, residents and Manitoba Health for Phase III of the East Borderland Primary Health Care Centre capital project.

SERVICES CLOSER TO HOME

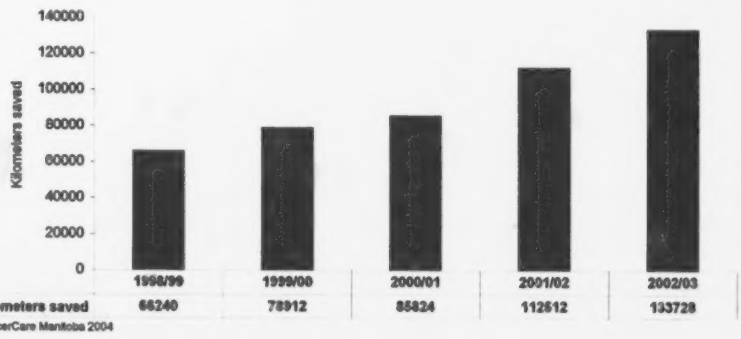
Making services accessible to residents of South Eastman, in their own region, greatly enhances residents having equal opportunities to realize their full potential for health. The RHA is committed to improving services provided in the region and making its residents aware of these.

ACUTE CARE

- Purchased and installed new equipment at our hospitals through various avenues such as Manitoba Health, Safety and Security funding, specialized equipment funding, as well as partnerships with auxiliaries, guilds and foundations. The additional equipment will allow clients to better be served in the South Eastman Region, thus reducing the need to travel to other regions for services and consultations.
- Re-opened three additional beds at Bethesda Hospital's Medical Unit, resulting in an additional sixteen hours of health care aide per day allowing more access to inpatient beds in the South Eastman Region.
- Hired a bilingual full-time Registered Nurse to work at the two designated bilingual hospitals. The individual works half time at DeSalaberry District Health Centre/Repos Jolys and half time at Ste. Anne Hospital. This will increase our ability to provide services in the language of the patient's choice in their own community.
- Introduced a full-time Clinical Resource Nurse and further introduction of licensed practical nurses and health care aides at Bethesda Hospital's Surgical/Obstetrical Unit, helping to deal with the increased volumes and case loads.
- Hired a new staffing clerk for the three hospitals: DeSalaberry, Ste. Anne and Vita. The new staffing clerk will ensure consistency with all three sites to ensure that appropriate staffing is scheduled on a daily basis and that we have the ability to meet clients' needs in each area.
- Started Nurse Managed Care in the Vita & District Health Centre Emergency Department. This is an expansion of a pilot project which was initially started at DeSalaberry District Health Centre. This allows for more effective triage of patients in the emergency department.

CAPITAL PROJECT

- Received Manitoba Health's approval to proceed with the Community Cancer Care/ Obstetrics expansion project at Bethesda Hospital. The planned additions will house the growing Community Cancer Care Program, modern birthing rooms, and in the future, a learning centre to further professional development and community support group needs. This project is possible as a result of a partnership with the Bethesda Foundation.



The availability of quality cancer care close to home helps greatly to alleviate the emotional and physical stresses placed on patients and families by long and complex courses of therapy. In 2002/03, for example, total visits to the Community Cancer Care Program saved South Eastman patients and families approximately 134,000 kilometers of additional driving to Winnipeg.

HOME CARE

- Organized Phase II of the H.E.A.L. (Healing Excellence with Advanced Learning) in-service for our 26 Home Care Nurses as well as some of our Case Coordinators to enhance the education of all RHA home care nurses in wound care. The Home Care Program is now using a Doppler in the community to do vascular assessments of Home Care clients. This will provide home care clients in South Eastman with the ability to obtain some type of vascular access studies (ABI's) within the region verses traveling to Winnipeg. A post training audit will reveal improved standard of practice with respect to wound care practices.

PUBLIC HEALTH/PRIMARY HEALTH CARE

- Purchased new Ero-Scan Otoacoustic Emission equipment (audiology) providing the RHA with the capacity to screen infants within a few hours of birth, whereas we formerly had no ability to perform any assessment on children under the age of 6 months. Also purchased a NOAHLink wireless Hearing Aid programming unit which allows for easier hearing aid programming for children. This will increase our ability to provide quality audiology services.

- Coordinated the provision of medical services by recruiting a fee for service physician to work at the Niverville Primary Health Care Centre on Saturdays and some weekdays. Clients will therefore have access to additional hours of health care services in their community.

EMERGENCY MEDICAL SERVICES

- Delivered and completed a regional Intermediate Care Paramedic program, which included the training of five employees to the Intermediate Care Paramedic level. This is based on the National Occupational Competency Standards for EMS and aligns closely with similar programs currently delivered in larger urban EMS systems. Based on the outcomes and review of this initial program it is the intent of the EMS program to continue with the delivery of this

program on an ongoing basis. It is expected that by the delivery of this training and the subsequent enhanced skill set of the EMS providers that participate, that EMS will not only be able to deliver an increased level of emergency care to clients in the pre-hospital setting but will also be able to assist facility emergency room staff, both during times of staffing shortages, and on an ongoing basis to assist with increasing workloads and volumes of clients being seen in the various regional emergency departments.

- Bridged current Regional EMS program employees to the nationally accredited Primary Care Paramedic (PCP) training level by delivering a second class of a PCP, resulting in over 90% of the regional Paramedic level providers certified at the PCP level. Planning is currently under way for a third class to bridge the remaining employees to the PCP level. Once complete, we will have the highest percentage of PCP level staff of all rural regional EMS programs, enhancing quality care for residents requiring ambulance services.

DIAGNOSTICS

- Installed a urinalysis analyzer for the Emergency Department at Bethesda Hospital, and replaced the urinalysis instrument at DeSalaberry District Health Centre. This will significantly improve the quality of urinalysis results in the Emergency Room. Employees at the Bethesda Lab support and monitor the performance of this equipment.

- Purchased and installed a blood gas analyzer in Ste. Anne Hospital, providing employees with on site access to blood gases. This provides the physicians with speedier results for blood gases in emergencies, allowing them to treat their patients more appropriately.

- Completed the electronic connection for radiology images between all regional hospitals. This allows Vita, DeSalaberry and Ste. Anne hospital employees to access radiology images acquired at Bethesda on their network workstations. This also enables physicians to see Bethesda images taken on their patients, from their own hospital. The result will ultimately be quicker service in our region, eliminating waiting times and the need for clients to travel.

FUTURE DIRECTIONS

- Completing Phase II of the renovation project at Ste. Anne Hospital with the construction of two new LBRP rooms, providing additional local services to clients.

- Increasing Ste. Anne Hospital's surgical program by adding an additional slate every third week to complement the existing four slates per month service. Providing emergency surgery services at Ste. Anne Hospital is being reviewed. This will better serve our patients who require emergency surgery such as emergency caesarian sections, reducing the need to transport them to another hospital.

- Completing the construction of an addition to Bethesda Hospital to expand Cancer Care and Obstetrics services in the region, as well as provide a central location for a learning centre where employees can further their professional development.

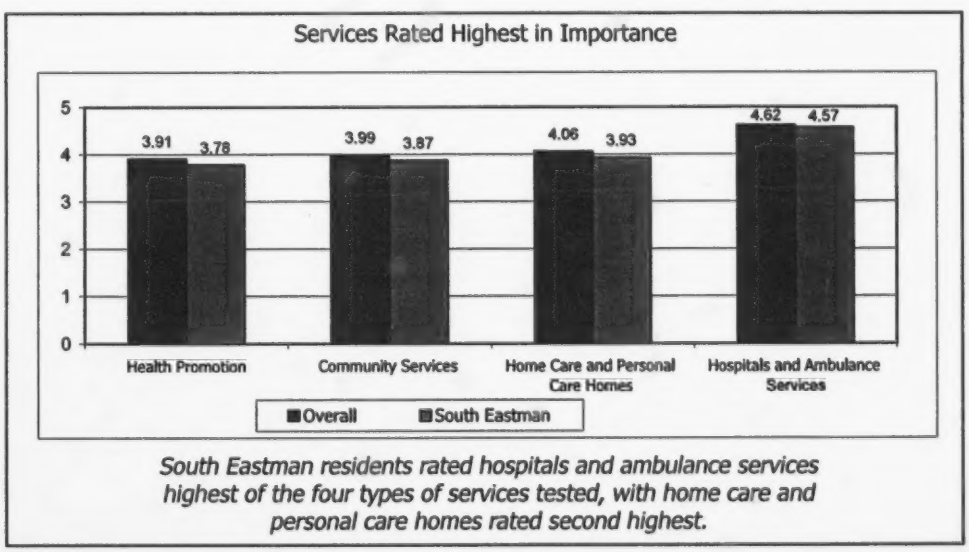
HEALTH, NOT ONLY HEALTH CARE

Acknowledging that the majority of factors influencing the health of the population fall outside the domain of the health system is fundamental to planning healthy futures for South Eastman residents and communities. To contribute to the overall health of its residents, the RHA carries out research and community consultation in order to better understand the determinants of health, and respond to changes in the needs of its population.

COMMUNITY HEALTH ASSESSMENT

- Released the findings of the comprehensive Community Health Assessment (CHA) update conducted in 2003/04. The reports include the CHA 2003/04 Comprehensive Report, bilingual Community Report, Brief Report Summary, and reports from extensive consultations with South Eastman communities on Men's Health, End-of-Life Health Care, and Population Health/ Community Literacy. Over 1,000 copies of CHA reports were distributed to community stakeholders.

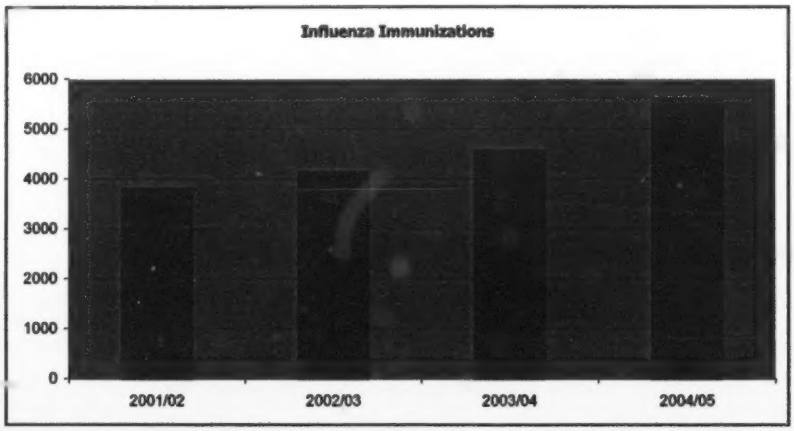
- In follow-up to the release of CHA findings, the RHA conducted consultations with internal and external stakeholders to link the CHA to strategic decision-making. Approximately 300 individuals and organizations were specifically requested to provide feedback on the CHA reports to inform further decision-making by the board. Over 125 individuals identified and ranked priorities from the CHA, indicated gaps, and made recommendations to the Board on strategies for working on these issues. In addition, six key stake holder groups joined the Board in separate discussions on quality of care. These represented regional physicians, pharmacists, internal stakeholders, allied health providers, consumers and the community. The outcomes of this broad consultation process and deliberations by the Board were 12 key areas in which strategic priorities will frame health planning and decision-making in South Eastman over the period 2006/07–2010/11.



South Eastman residents rated hospitals and ambulance services highest of the four types of services tested, with home care and personal care homes rated second highest.

IMMUNIZATION PROGRAM

- Experienced a 13% increase over 2003-04 immunization rates, with public health staff administering immunizations to 5,600 residents. Improved uptake was recorded in most target groups.



- Expanded eligibility for influenza vaccine, resulting in 99 immunizations being given to healthy children age 6-23 months.

- Held over 80 clinics on the immunization program in 25 communities throughout our region.

- Made presentations on the expanded immunization program (pneumococcal conjugate, varicella and meningococcal conjugate vaccines) to physicians and nurses at the Steinbach Family Medical Center. Connections were also made with all medical clinics regarding new Manitoba Immunization Monitoring System (MIMS) codes and immunization updates regarding eligibility for expanded immunization program.

- Administered a three-dose series of Hepatitis B vaccine to 760 students, representing 84% coverage rate for Hepatitis B. This speaks to parents' confidence in the immunization programs.

- The Immunization Coordinator attended immunization and influenza workshops/ conferences and shared this newly acquired leading-edge information with all Public Health Nurses, keeping them up-to-date with immunization procedures and information. The Public Health program will continue to provide comprehensive immunization services in our Child Health Clinics, school-based programs, Travel Health Clinic, and influenza immunization programs.

COMMUNITY LITERACY

- Hosted a follow-up session to the RHA's inter-sectoral workshop Community Literacy– Everyone's Business. This provided a forum for updates on the progress and initiatives of the South Eastman Community Literacy Working Group, and on the many literacy activities going on in the community at large. There was a review of the Community Health Assessment consultation report, Population Health: Literacy in the South Eastman Community, and considerable discussion around "next steps". The RHA was asked to continue to provide leadership and facilitate meetings of the Community Literacy Working Group over the next year.

- Created *Jump Start* bags containing books and activities for parents to do with their children to promote literacy. Many smaller communities do not have local access to library services, and this book-lending

initiative improved access to resources aimed at children in their pre-school years. Distributed bags on loan to families through *SuperStart, Growing Minds* and Family Resource Rooms. Feedback from families has been positive and we anticipate continuing with this program.

- Published the *South Eastman Family Literacy Guide – 2005*. The guide lists resources, services and programs promoting literacy and language development for all ages such as workplace & skill development programs, English as a Second Language, and Early Years programming. Distributed 2,200 copies to families and service providers with the main distribution method being the Baby Steps and Little Learners bags. Due to demand, the guide is going into its second publication this year with the plan for future updating and re-distribution every couple of years as services and programming change within our region. The guide is also available on the region's website.

- Introduced Learning 4 Your Kids sessions to provide a forum for parents of children ages 0-5 to share literacy information through a fun and informative presentation. Ten groups from various communities in the region received the information totaling 79 participants. In consultation with parents, we are developing a process to determine the future use and wider distribution of this presentation.

EARLY YEARS

- Developed partnerships with Grunthal and Vita elementary schools to deliver school based programming for families with pre-schoolers on a weekly basis.

- Collaborated with all kindergarten teachers in the five school divisions in South Eastman, who completed the Early Development Instrument (EDI) questionnaires on over 800 kindergarten students, in order to collect information for the Understanding the Early Years (UEY) research project. EDI measures five developmental scales to see how well our communities are preparing our children for school. UEY published and distributed over 100 EDI reports of the 2004 results to the five South Eastman school divisions' administration and staff for their use in planning. This is also one piece of information the RHA uses in planning for and developing programming for families with young children as it provides data on where extra energy is needed, where communities are doing really well, and how can we learn from these communities.

FUTURE DIRECTIONS

- Continuing to provide leadership and facilitate meetings of the Community Literacy Working Group over the next year, as a result of the review of the Community Health Assessment consultation report, Population Health: Literacy in the South Eastman Community.

- Working systematically at the development of a plan to put into action the RHA's Strategic Plan over a period of five years.

Condensed Statement of Financial Position

March 31			2005	2004
	Regional Health Authority	Contract Facitlities	Consolidated	Consolidated
Assets				
Current Assets				
Cash	$ 2,169,882	$ 185,480	$ 2,355,362	$ 965,111
Accounts receivable	797,959	310,780	1,108,739	1,257,107
Inventories	701,585	68,044	769,629	688,197
Prepaid expense	134,225	8,370	142,595	142,905
Vacation entitlements receivable	2,165,279	488,270	2,653,549	2,653,549
	5,968,930	1,060,944	7,029,874	5,706,869
Retirement obligations receivable	1,898,575	458,577	2,357,152	2,357,152
Restricted assets	306,378	-	306,378	412,867
Capital assets	38,993,463	11,946,295	50,939,758	50,038,802
	$ 47,167,346	$ 13,465,816	$ 60,633,162	$ 58,515,690
Liabilities and Net Assets				
Current Liabilities				
Accounts payable and accrued liabilities	$ 2,487,927	$ 498,491	$ 2,986,418	$ 2,876,075
Accrued vacation entitlements	2,239,214	497,345	2,736,559	2,653,549
Current portion of long term debt	545,036	331,021	876,057	488,423
Due to Manitoba Health	516,307	(115,430)	400,877	116,874
Unearned revenue	312,161	5,972	318,133	364,616
	6,100,645	1,217,399	7,318,044	6,499,537
Accrued retirement obligations	2,082,052	458,577	2,540,629	2,357,152
Long term debt	6,404,903	3,455,137	9,860,040	7,590,657
Deferred Contributions				
Expenses of future periods	1,055,053	172,863	1,227,916	1,401,438
Capital assets	31,287,546	7,958,712	39,246,258	39,944,686
	32,342,599	8,131,575	40,474,174	41,346,124
Commitments and contingencies				
Net Assets				
Investment in capital assets	755,978	201,425	957,403	2,015,036
Externally restricted Contract Facilities	-	1,703	1,703	(5,080)
Externally restricted	306,378	-	306,378	412,867
Unrestricted	(825,209)	-	(825,209)	(1,700,603)
	237,147	203,128	440,275	722,220
	$ 47,167,346	$ 13,465,816	$ 60,633,162	$ 58,515,690

Condensed Statement of Financial Position

For the year ended March 31	Regional Health Authority	Contract Facitlities	2005 Consolidated	2004 Consolidated
Revenue				
Province of Manitoba				
Health	$ 43,693,976	$ 6,596,578	$ 50,290,554	$ 47,758,604
Other	586,679	-	586,679	578,449
Government of Canada	329,818	81,925	411,743	495,417
Non insured income	2,111,106	2,058,704	4,169,810	3,773,909
Other income and recovered services	208,258	3,569	211,827	201,720
Ambulance income	514,422	-	514,422	463,09
Amortization of deferred contributions	2,176,499	438,545	2,615,044	2,259,716
	49,620,758	9,179,321	58,800,079	55,530,914
Expenditures				
Acute care services	16,230,591	-	16,230,591	15,234,690
Long term care services	6,831,959	8,579,936	15,411,895	14,925,705
Community based home care services	9,870,440	-	9,870,440	9,460,723
Community based health services	3,703,757	-	3,703,757	3,754,691
Medical remuneration	3,326,365	-	3,326,365	3,252,187
Diagnostic services	2,729,448	-	2,729,448	2,529,880
Amortization of capital assets	2,176,499	438,545	2,615,044	2,259,716
Community based mental health services	1,798,135	-	1,798,135	1,446,226
Land ambulance	1,587,739	-	1,587,739	1,354,339
Interest on long term debt	189,081	187,811	376,892	337,271
Regional Health Authority costs	1,325,229	-	1,325,229	1,015,423
	49,769,243	9,206,292	58,975,535	55,570,851
Deficiency of revenue over expenditures before other items	(148,485)	(26,971)	(175,456)	(39,937)
Other Items				
Manitoba Health				
Prior year settlements	-	-	-	(5,042)
Deficiency of revenue over expenditures for the year	$ (148,485)	$ (26,971)	$ (175,456)	$ (44,979)

Auditors' Report

To the Board of Directors of
SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.:
We have examined the financial statements of SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC. for the year ended March 31, 2005 and have reported thereon without qualification. In our opinion, the condensed statements of financial position and operations fairly summarize the related information contained in the financial statements examined by us. The complete audited financial statements are available at the offices of the Authority.

BDO Dunwoody LLP

Chartered Accountants
Winnipeg, Manitoba
May 31, 2005

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